FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90119 030 ***150.00

							=
 Corporation 							
167TH S	TREET CAR WASH, INC.						
						I EUEUL BAJAH BABAH	HALL ELEN AEDA
Principal Place of Business Mailing Address							
1270 W 49TH ST HIALEAH FL 33012		1270 W 49TH ST HIALEAH FL 33012					
US		US		DO NOT WRITE IN TH	S SPACE		
					3. Date Incorporated or Qualifed		
	· · · · · · · · · · · · · · · · · · ·	1 A 12 A 14 A 14			09/17/1971 4. FEI Number Applied For		
2. Principal Place of Business		2a. Mailing Address		59-1359439	Not Applicable		
Suite, Apt. #, etc.		26			\$8.75		
22		27			5. Certificate of Status Desired	Fee Re	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip Country		Zip Country			8. This corporation owes the current year i		
24			<u> </u>	Personal Property Tax. ☐ Yes			□No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
SMIT	TH, GARY V.						
1230 NW 7 STREET			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	MI FL 33125		83				
						71 =	
			84	City	F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	e-named corp	poration submits this statement for the purpose	of changing its	registered
-46	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Such change was suth	onzed by	the comorati	ion's board of directors. I hereby accept the app	ointment as re	gisterea
SIGNATURE					•		
SIGNATORE	Signature, typed or printed name of registered age			nt signature require	red when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change ☐	Addition
TITLE	pd Mulholland, Isabel R.	1.2 N					
NAME	14621 SW 65TH AVENUE			TADDRESS	•		
STREET ADDRESS	make 5		1.4 CITY-S	ŀ			
CITY-ST-ZIP	V	DELETE 2.11		1-21		Change	Addition
NAME	•	ULHOLLAND, STEPHEN 22N		ļ			
STREET ADDRESS	A COLOR OF THE STATE OF THE STA		2.3 STREET	TADORESS			
CITY-ST-ZIP-			2:4 CITY+S	ST-ZIP			· · - ·
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME	months and the second		3.2 NAME	Ì			
STREET ADDRESS	11021 111 111 111		3.3 STREET	TADDRESS			
CITY-ST-ZIP			3.4. CITY-S	ST-ZiP			C Addition
TITLE	1		4.1 TITLE	-		☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		4.4 CI DELETE 5.1 TI		T-ZIP		☐ Change	Addition
TITLE	,	□ nereie	5.1 TITLE 5.2 NAME	İ		_ 4.migs	
NAME				TADDRESS			
STREET ADDRESS CITY-ST-ZIP	? 		5.4 CITY-S				
TITLE			6.1 TITLE	-		☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	the second second		6.3 STREET	T ADDRESS			
CITY OT 7ID	Latinia i		6.4 CITY-S	T-ZIP			ì

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

418/99

305 891-5889

Daytime Phone #